

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51		1/		1/		
2							52		1/		1/		
3							53		1/		1/		
4							54		1/		1/		
5							55		1/		1/		
6							56	1			1/		
7							57		1/	1			
8							58		1/		1/		
9							59		1/		1/		
10							60		1/		1/		
11							61		1/		1/		
12							62		1/		1/		
13							63		1/		1/		
14							64	1			1/		
15							65		1/				
16							66		1/				
17						1	67		1/				
18							68		1/				
19							69		1/				
20							70		1/				
21							71		1/				
22							72		1/				
23							73		1/				
24							74		1/				
25						3	75	1					
26						3	76		1/				
27						1	77		1/				
28							78		1/				
29							79		1/				
30							80		1/				
31						1	81		1/				
32							82		1/				
33							83	1					
34							84		1/				
35							85		1/				
36							86		1/				
37							87		1/				
38							88		1/				
39						3	89		1/				
40						3	90	1					
41							91		1/				
42							92		1/				
43							93		1/				
44							94		1/				
45							95		1/				
46							96		1/				
47							97	1					
48							98		1/				
49							99		1/				
50							100		1/				
TOTAL IND.							TOTAL IND.			10			
TOTAL DEP.							TOTAL DEP.			95			
TOTAL CLAIMS							TOTAL CLAIMS			105			